

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF WALKER INTERNATIONAL HOLDINGS LIMITED		COURT CASE NUMBER 1:05-mc-156
DEFENDANT CMS Nomeco Congo., c/o its Registered Agent Corp. Trust Co.		TYPE OF PROCESS Writ of Execution
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN CMS Nomeco Congo./of Corporation Trust Company	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1209 Orange Street, Wilmington, DE 19801	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Paul D. Brown, Esquire
Greenberg Traurig
1000 W. Street
Suite 1540
Wilmington, DE 19808

Number of process to be served with this Form - 285	02
Number of parties to be served in this case	01
Check for service on U.S.A.	\$45.00

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

/Corporation Trust Co. is CMS' Registered Agent
The Address for Corporation Trust Co. is: 1209 Orange Street, Wilmington, DE 19801
Corporation Trust Co. Business Hours are: 8:30 A.M. to 4:30 P.M.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

302-661-7000

8/10/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process
1

District of Origin
No. 15

District to Serve
No. 15

Signature of Authorized USMS Deputy or Clerk

Date

L. J. J. J.

8-10-05

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

BRIAN PERROD, HEAD PROCESS SECT

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

8-10-05

1405

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
—	—	—	45.00	45.00	—	—

REMARKS:

FILED

AUG 11 2005

United States Marshal's Return for District
of Delaware

I hereby certify and return that I served
the annexed WRIT OF EXECUTION on the there-in
named CMS NOMECA LONGO by handing to and
leaving a true and correct copy thereof with
BRIAN FAYROD personally at
1201 ORANGE in the said District on
the 10 day of AUGUST 2005

Marshal's Fees
Mileage

United States Marshal
By [Signature]
Deputy

